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| <b>Appeal Brief</b>  |  |
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| Dated: <u>3-13-09</u>  | Signature: <u></u><br>(Jan Cleveland) |

Docket No.: 68554/P001US/10801996  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Woodrow W. Gandy et al.

Application No.: 09/927,972

Confirmation No.: 5997

Filed: August 10, 2001

Art Unit: 2169

For: METHOD FOR ENTERING, RECORDING,  
DISTRIBUTING AND REPORTING DATA

Examiner: L. Black

**APPEAL BRIEF**

MS Appeal Brief - Patents  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Madam:

As required under 37 C.F.R. § 41.37(a), this brief is filed within two months of the Notice of Appeal filed in this case on January 22, 2009, and is in furtherance of said Notice of Appeal.

The fees required under 37 C.F.R. § 41.20(b)(2) are dealt with in the accompanying TRANSMITTAL OF APPEAL BRIEF.

This brief contains items under the following headings as required by 37 C.F.R. § 41.37 and M.P.E.P. § 1206:

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|-------|---|
| I.    | Real Party In Interest                        |
| II    | Related Appeals and Interferences             |
| III.  | Status of Claims                              |
| IV.   | Status of Amendments                          |
| V.    | Summary of Claimed Subject Matter             |
| VI.   | Grounds of Rejection to be Reviewed on Appeal |
| VII.  | Argument                                      |
| VIII. | Claims Appendix                               |
| IX.   | Evidence Appendix                             |
| X.    | Related Proceedings Appendix                  |

I. REAL PARTY IN INTEREST

The real party in interest for this appeal is:

T-System Technologies, Ltd.

II. RELATED APPEALS, INTERFERENCES, AND JUDICIAL PROCEEDINGS

There are no other appeals, interferences, or judicial proceedings which will directly affect or be directly affected by or have a bearing on the Board's decision in this appeal.

III. STATUS OF CLAIMS

A. Total Number of Claims in Application

There are 32 claims pending in application.

B. Current Status of Claims

1. Claims canceled: 1-55, 71
2. Claims withdrawn from consideration but not canceled: None
3. Claims pending: 56-70, 72-88
4. Claims allowed: None
5. Claims rejected: 56-70, 72-88

C. Claims On Appeal

The claims on appeal are claims 56-70, 72-88

IV. STATUS OF AMENDMENTS

Appellant filed an Amendment After Final Rejection on December 19, 2008. The Examiner responded to the Amendment After Final Rejection in an Advisory Action mailed December 31, 2008. In the Advisory Action, the Examiner indicated that Appellants' proposed amendments to claims 56-70 and 72-88 was entered.

## V. SUMMARY OF CLAIMED SUBJECT MATTER

A concise explanation of the subject matter defined in each of the independent claims involved in the appeal, which refers to the specification and to the drawings by reference characters, is provided below. All references to the specification and drawings are made by way of example for the convenience of the Board. No limitations on the following claim language is intended.

An embodiment of the invention, as set forth in claim 56, provides a system for capturing medical information (pg. 4 ll. 20-24). The system comprises a database having pre-programmed screen presentations where each presentation contains information pertinent to a particular medical complaint (pg. 7 ll. 3-9; pg. 9 ll. 1-6; Figs. 9A, 23-26). Certain of the presentations have at least an HPI portion, and an ROS portion for a particular medical complaint (Figs. 9A, 23-26). The system further comprises a screen presentation for allowing a user to identify a particular medical complaint (Fig. 8), where the system is operable for presenting to the user an ordered set of screen presentations, each said screen presentation of said ordered set of screen presentations containing multiple selectable information elements pertinent to an identified particular medical complaint (pg. 7 ll. 3-9; pg. 9 ll. 1-6; Figs. 9A, 23-26).

An embodiment of the invention, as set forth in claim 70, provides a method for assisting physicians during evaluation and treatment of patients. The method comprises identifying to a computer controlled system a chief medical complaint of a patient (Fig. 8; pg. 7 ll. 3-10). The system selects a template based upon said identified chief medical complaint, where the template has multiple screen presentations, a plurality of said template presentations having pre-identified selectable data elements pertaining to the chief medical complaint (pg. 7 ll. 3-9; pg. 9 ll. 1-6; Figs. 9A, 23-26). The method further captures medical history information pertaining to the patient on a first screen presentation of the selected template (Fig. 27; pg. 7 ll. 3-9; pg. 9 ll. 1-6). Additionally, the method captures physical exam information pertaining to the patient on a second screen presentation of the selected template, where the second screen presentation is one of said plurality of template presentations having pre-identified selectable data elements pertaining to the chief medical complaint (Fig. 28A; pg. 7 ll. 3-9; pg. 9 ll. 1-6;).

An embodiment of the invention, as set forth in claim 78, provides a machine controlled method for assisting physicians during evaluation and treatment of patients (pg. 4 ll. 20-24). The method comprises machine selection of a template based upon identification to said machine of a patient's chief medical complaint (Fig. 8; pg. 7 ll. 3-10). The template has multiple screen presentations, where a plurality of the presentations have pre-identified selectable data elements pertaining to the chief medical complaint (pg. 7 ll. 3-9; pg. 9 ll. 1-6; Figs. 9A, 23-26). Additionally, positive selections of the pre-identified selectable data elements are configured to be indicated by encircling one or more textual labels of the data elements (Fig 14; pg. 7 ll. 26-28). The method further comprises capturing, by the machine, a user's selection of the pre-identified selectable data elements, medical history information pertaining to the patient on a first selected screen presentation of the selected template, where the first selected screen comprises a portion having a pre-identified graphic of an anatomical area pertinent to the chief medical complaint (Fig 9A).

An embodiment of the invention, as set forth in claim 86, provides a system for capturing medical information (pg. 4 ll. 20-24). The system comprises a database having pre-programmed screen presentations, where a plurality of the presentations have pre-identified selectable data elements pertaining to the chief medical complaint (pg. 7 ll. 3-9; pg. 9 ll. 1-6; Figs. 9A, 23-26). The system is further programmed to generate a textual prose representation correlating information corresponding to selections of the pre-identified data elements (pg. 3 ll. 13-23; Figs. 20, 31).

Embodiments of the invention, as set forth in dependent claims 67-69, provide for a means for generating a patient prescription, discharge instructions, and work excuse instructions, based upon selections made within said Dx/DI presentation (pg. 4 ll. 20-24; pg. 5 ll. 3-9; pg. 6 ll. 13-15).

## VI. GROUNDS OF REJECTION TO BE REVIEWED ON APPEAL

First Ground – Claims 56-77, and 86-88 have been rejected under 35 U.S.C. §103(a) as being unpatentable over Zak et al. (US 2002/0004729, hereinafter “Zak”) in view of Walker et al. (US 2002/0170565 A1, hereinafter Walker).

Second Ground – Claims 78, and 80-83 have been rejected under 35 U.S.C. §103(a) as being unpatentable over Zak in view of Huang (US Pat. 6,384,815, hereinafter Huang).

Third Ground – Claims 79, and 84-85 have been rejected under 35 U.S.C. §103(a) as being unpatentable over Zak in view of Huang, and in further view of Walker.

## VII. ARGUMENT

### A. First Ground of Rejection

Claims 56-77, and 86-88 have been rejected under 35 U.S.C. §103(a) as being unpatentable over Zak in view of Walker. To establish prima facie obviousness of a claimed invention, all the claim limitations must be shown by the prior art. *In re Royka*, 490 F.2d 981, 180 U.S.P.Q. 580 (C.C.P.A. 1974). Additionally, a proposed combination cannot be properly made absent a reasonable expectation of success. *See In re Merck & Co., Inc.*, 800 F.2d 1091, 231 USPQ 375 (Fed. Cir. 1986). Further, if a proposed modification would render the prior art being modified unsatisfactory for its intended use, the modification is improper. *In re Gordon*, 733 F.2d 900, 221 USPQ 1125 (Fed. Cir. 1984). Appellant submits that the proposed combination is improper at least because it fails to teach all of the claim limitations, would not successfully function in the manner Examiner has proposed, and would render unsatisfactory results. Accordingly, the Appellant submits that the present rejections should be overturned.

#### 1. Claim 56

Claim 56 recites “certain of said presentations having at least an HPI portion, and an ROS portion for a particular medical complaint.” An ROS portion assists a medical professional with undertaking a review of a patient’s overall systems (*e.g.*, circulatory, GI, neurological, etc.). An screen presentation having an ROS portion “for a particular medical complaint” will contain common systems that should be reviewed in response to the patient’s complaint.

A complaint is the beginning stage of patient care. Once a complaint is heard, a medical professional must gather various information regarding the patient’s history, the history of the problem, and examination information. The purpose of gathering complaint information is to arrive at a diagnosis. Claim 56, and its corresponding dependent claims, are directed toward assisting the medical professional with gathering complaint information. With the gathered information, the medical professional will then generate the diagnosis and provide a course of treatment.

Appellant agrees with Examiner that Zak fails to teach an ROS portion for a particular medical complaint. Examiner relies on Walker ¶ [0102], fig. 9a, as teaching this limitation. However, this portion of Walker discusses the creation of an ROS portion for a diagnosis database template ( *see* ¶¶ [0097-0099]). In Walker, multiple templates are generated and stored on a database, each template being for a specific medical diagnosis. Walker populates these templates with patient examination data (which could include ROS data) and history data. This data, however, has already been obtained without use of the templates of Walker. *See* ¶ [0095]. Appellant notes that the screen presentations of claim 56 are part of a “system for capturing medical information.” This is as opposed to the cited teachings of Walker which are geared to creating templates for processing information that has already been captured. This difference alone is enough to distinguish the present claim over the art. However, as is shown below, these differences create various functional anomalies that further make clear that (i) Walker does not teach the above-recited limitation; and (ii) the prior art references cannot be successfully combined.

The functionality of Walker as outlined above shows that Walker does not teach the above recited limitation. The asserted ROS portion of Walker is not “for a particular medical complaint” as required by the claim; rather it is for a probable diagnosis. *See* ¶ [0100]. The asserted templates of Walker cannot be construed as being part of a system for capturing medical information “for a particular medical complaint” because all of the patient data that would be taken in response to a medical complaint is already obtained when the physician is about to make a diagnosis and use the templates of Walker. Appellant notes that it is well known that a “diagnosis” is the end product of a physician’s work after analyzing a medical complaint and conducting an examination. As such, the “medical complaint” comes much earlier in the treatment process. Thus, in the art of medicine, complaints and diagnoses are significantly different, both substantively and temporally. Accordingly, the proposed combination fails to teach the above recited limitation of claim 56.

Further, one with skill in the art would not look to combine these references because the proposed combination would not function in the manner asserted by Examiner. The addition of the templates of Walker to the system of Zak would not merely add an ROS form to the system used by the emergency medical technician of Zak, such an addition would necessarily function to add an entire diagnosis portion to the system. Such an addition would

not be practical for the users of Zak. As a result, one of skill in the art would not look to combine these references because the combined systems would not function as asserted by Examiner. It is further noted that the system resulting from the proposed combination (*i.e.* a diagnosis portion added to the system of Zak), clearly does not yield the claimed invention because of the substantive and temporal differences of diagnoses and medical complaints. Accordingly, Appellant respectfully submits that claim 56 is allowable over the cited art. As such, Appellant requests that the rejection be overturned.

Appellant further notes that Examiner, in the Advisory Action, appears to take issue with Appellant's use of "chief medical complaint" and "particular medical complaint" (see claims 56 and 70). However, Appellant fails to see how utilizing different claim terms in this circumstance, which Appellant is clearly allowed to do, has any bearing on the fact that a "complaint" is different than a "diagnosis."

## 2. Claim 70

Claim 70 recites:

capturing medical history information pertaining to said patient on a first screen presentation of said selected template; and

capturing physical exam information pertaining to said patient on a second screen presentation of said selected template, said second screen presentation being one of said plurality of template presentations having pre-identified selectable data elements pertaining to said chief medical complaint.

Examiner cites fig 3 'exam', of Zak as teaching this limitation. Figure 3 of Zak shows a computer screenshot where the "problems" screen is highlighted. The problem screen of Zak obtains the "History of Present Problem" (see Zak Figure 3) as is required in physician/patient encounters. An analogous screen in the present application is shown in the history screen of Figure 18 (where HPI stands for "History of Present Illness"). However, all medical charting programs will have an examination portion (see figure 28A of the present application). The 'exam' screen of Zak is not shown or described throughout the Zak reference. Appellant notes that there is never a screenshot where the exam screen is highlighted. Further, there is no teaching in Zak regarding an exam screen, and particularly no teaching of such a screen being populated with elements pertaining to a chief medical



complaint. As such, Zak does not teach an “*exam*” presentation “having pre-identified selectable data elements pertaining to said chief medical complaint” as required by claim 70.

Appellant notes that tailoring an examination presentation around a chief medical complaint creates considerable time savings for a physician (which is extremely valuable in an emergency setting), and none of the cited references teach such an aspect. Therefore, Appellant respectfully submits that claim 70 is allowable over the cited art. As such, Appellant requests that the rejection be overturned.

### 3. Claim 86

Claim 86 recites “a plurality of said presentations having pre-identified selectable data elements pertaining to said chief medical complaint, and said system programmed to generate a textual prose representation correlating information corresponding to selections of said pre-identified data elements.” Appellant agrees with Examiner’s assessment that Zak does not contain sufficient teachings to reject this claim. Examiner relies on figs. 19a-b of Walker as teaching “textual reporting.” See Office Action pg. 8. However, merely teaching textual reporting is insufficient to obviate the above-recited limitation. Paragraph 140 of Walker makes clear that the reports of Walker are pre-generated from diagnostic-specific templates. Thus, Walker does not teach generating a report by “correlating information corresponding to selections of pre-identified data elements.” In other words, a report that is pre-generated cannot be said to be generated in response to correlating selections of data elements pertaining to a chief medical complaint.

Further, assuming for the sake of argument that Examiner could read the diagnostic specific, pre-populated templates as selections of pre-identified data elements, Appellant notes that these data elements clearly are not “pertaining to [a] chief medical complaint” because they are explicitly in reference to a potential diagnosis. Those of skill in the art would readily recognize that a chief medical complaint and a diagnosis come at entirely different points of time during of patient care and that a diagnosis must always come after a complaint and be based on the complaint. Accordingly, the Examiner’s interpretation is improper. Thus, Appellant respectfully submits that claim 86 is allowable over the cited art. As such, Appellant requests that the rejection be overturned.

## 4. Claim 60

Claim 60 is allowable at least because it depends on an allowable independent claim. Further, claim 60 contains features that are allowable in its own right. For example, claim 60 recites “wherein certain of said presentations comprise a portion having a pre-identified graphic of an anatomical area pertinent to said chief medical complaint.” Examiner relies on figures 3-4 of Zak as teaching this limitation. However, as explicitly taught by Zak, the “body GUI” that is displayed is selected by a user “by simply touching the display of a particular body part...[so] the EMT user can easily associate focal patient complaints and exam findings with a particular body region, and ‘zoom in’ to document finer levels of detail. . . .” Zak at ¶ [0076]. In other words, the user must identify and/or narrow down the area of the body GUI that is displayed. These extraneous steps in Zak slow functionality, which in an emergency setting, is undesirable. The above-recited claim requires that the graphic be “pre-identified” and “pertinent to said chief medical complaint.” An example embodiment of this limitation may be seen in Figure 9A where the complaint is “Abdominal Pain” and the corresponding body graphic is a pre-identified area (in this case the abdominal area) which is pertinent to the complaint. Zak teaches that the user must select and narrow down the area for the pertinent graphic. Thus, this limitation of claim 60 is clearly not taught by Zak. Accordingly, for at least these reasons, the rejection of claim 60 should be overturned.

## 5. Claim 61

Claim 61 is allowable at least because it depends on an allowable independent claim. Further, claim 61 contains features that are allowable in its own right. For example, claim 61 recites “wherein said graphic comprises one or more labels overlaid on said anatomical area, wherein said one or more labels are selectable information elements pertinent to an identified particular medical condition.” Examiner cites Walker figs. 2, and 11b, as teaching this limitation. The cited portions of Walker, however, illustrate labels and set off to the side with line indicators pointing to a position. This cannot be said to teach labels overlaid on said anatomical area. Accordingly, the rejection of claim 61 should be overturned.

6. Claim 63

Claim 63 is allowable at least because it depends on an allowable independent claim. Further, claim 63 contains features that are allowable in its own right. For example, claim 63 recites “wherein said exam presentations contain listings of pre-presented clinical items representing possible clinical exam findings pertinent to said particular medical complaint.” Examiner points to ¶¶ [0040], [0054-0055], and [0079] of Zak as teaching this limitation. However, there is no teaching in Zak that the exam form contains any pre-presented clinical items “pertinent to said particular medical complaint.” While Zak does discuss a problem form series that has a history portion for selected problem, there is no teaching that a selected problem on the problem form functions to tailor the exam form (or any form other than the history of problem form in the problem form series shown in fig. 5) with items “pertinent to said particular medical complaint.” Accordingly, the rejection of claim 63 should be overturned.

7. Claims 67-69

Claims 67-69 are allowable at least because they depends on an allowable independent claim. Further, claims 67-69 contains features that are allowable in their own right. For example, claims 67-69 contain limitations directed to generating prescriptions, discharge instructions, and work excuse instructions, based on selections made within a Dx/DI presentation. Examiner cites paragraphs 91-92 and fig. 6 of Zak as teaching these limitations. Appellant fails to see any teachings relevant to generating prescriptions, discharge instructions, or work excuse instructions in the cited paragraphs. Further, Examiner notes that figure 6 has a treatment, pt. meds, and notes tab. These tabs are equally irrelevant to the claims. They do not indicate that selections are made in a Dx/DI presentation, nor do they indicate that that anything is “generated” based on the contents of the tabs. In fact, the cited portions of Zak teach that these tabs are for gathering information upon arrival to an emergency scene. Accordingly, the rejection of claim 67-69 should be overturned.

8. Claims 57-59, 61-62, 64-66, 71-77, and 87-88

Claims 57-59, 62, 64-69, 71-77, and 87-88 depend either directly or indirectly from independent claims 56, 70, and 86, and thus, inherit each and every limitation of their

corresponding independent claims. As a result, claims 57-59, 61-62, 64-69, 71-77, and 87-88 are allowable for at least the reasons set forth above.

B. Second ground of Rejection

Claims 78 and 80-83 are rejected under 35 U.S.C. § 103(a) as being unpatentable over Zak in view of Huang. To establish prima facie obviousness of a claimed invention, all the claim limitations must be shown by the prior art. *In re Royka*, 490 F.2d 981, 180 U.S.P.Q. 580 (C.C.P.A. 1974). Because the proposed combination fails to teach every limitation of the rejected claims, Appellant submits that the rejection should be overturned.

1. Claims 78 and 80-83

Claim 78 recites:

a plurality of said presentations having pre-identified selectable data elements pertaining to said chief medical complaint, wherein positive selections of the pre-identified selectable data elements are configured to be indicated by encircling one or more textual labels of said data elements.

It is noted that in the Advisory Action, Examiner did not address Applicant's arguments for claim 78. In fact, in reference to claim 78, Examiner asserts that Applicant argued against an incorrect reference (Walker instead of Haung). However, Applicant specifically addressed Haung on pg. 14 of the Response After Final.

Huang teaches a text editing/annotation tool. *See* Huang Abstract. The system allows a user to mark a document while automatically determining what kind of writing tool should apply (*e.g.*, pen, highlighter, etc.). *Id.* at col. 4 ll. 62-66. These teachings are irrelevant to the present application. The marking or annotating in Huang does not function to indicate positive selections of the pre-identified selectable data elements pertaining to a chief medical complaint. As such, Examiner would have to rely on other art for teaching indicating such selections. Both Zak and Walker teach the use of radio buttons for indicating selections, which is insufficient to teach the above recited limitation because checking a radio button is clearly not "encircling one or more textual labels." The disadvantages of radio buttons are described in [0002] in the background section of the present application. The present claims are specifically directed to overcoming such disadvantages. Any combination

of Zak and Walker with Huang would necessarily produce a product which had radio buttons to indicate selections. To the extent that a user could mark other text on a screen, such marking would serve no function. And to the extent that the marking of Huang could be used to select the radio buttons of Zak or Walker, such functionality would fail to yield the claimed invention. Accordingly, Applicant submits that the proposed combination fails to teach “wherein positive selections of the pre-identified selectable data elements are configured to be indicated by encircling one or more textual labels of said data elements.”

Claims 80-83 depend from independent claim 78, and thus, inherit each and every limitation of their corresponding independent claim. As a result, claims 80-83 are allowable for at least the reasons set forth above.

C. Third Ground of Rejection

Claims 79, and 84-85 have been rejected under 35 U.S.C. §103(a) as being unpatentable over Zak in view of Huang, and in further view of Walker.

1. Claims 79 and 84-85

Claims 79 and 84-85 depend either directly or indirectly from independent claim 78, and thus, inherit each and every limitation of their corresponding independent claim. As shown above, the combination of Zak and Huang fails to teach every limitation of claim 78. Further, Walker does not cure this deficiency. As a result, claims 79 and 84-85 are allowable for at least the reasons set forth above.

VIII. CLAIMS APPENDIX

A copy of the claims involved in the present appeal is attached hereto as Appendix A.

IX. EVIDENCE APPENDIX

No evidence pursuant to §§ 1.130, 1.131, or 1.132 or entered by or relied upon by the examiner is being submitted. Therefore, no evidence is contained in Appendix B.

X. RELATED PROCEEDINGS APPENDIX

No related proceedings are referenced in II. above, hence copies of decisions in related proceedings are not provided in Appendix C.

Accordingly, Appellant respectfully submits that the rejections in the present case are improper, and respectfully requests reversal of said rejections.

Dated: March 13, 2009

Respectfully submitted,

  
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**APPENDIX A**

1.-55. (Canceled)

56. A system for capturing medical information, said system comprising:  
a database having pre-programmed screen presentations, each presentation containing information pertinent to a particular medical complaint, certain of said presentations having at least an HPI portion, and an ROS portion for a particular medical complaint; and  
a screen presentation for allowing a user to identify a particular medical complaint; and wherein said system is operable for presenting to said user an ordered set of screen presentations, each said screen presentation of said ordered set of screen presentations containing multiple selectable information elements pertinent to an identified particular medical complaint.

57. The system of claim 56 further comprising:  
means for capturing medical information on a selected screen presentation by incorporating a state indicator on a plurality of pre-presented clinical items.

58. The system of claim 56 further comprising:  
means for capturing additional medical information associated with said plurality of pre-presented clinical items based upon an action taken by a user with respect to said pre-presented item.

59. The system of claim 58 further comprising:  
means for cueing the user that said additional medical information is available for selection, said cueing means associated with said pre-presented clinical item.

60. The system of claim 56 wherein certain of said presentations comprise a portion having a pre-identified graphic of an anatomical area pertinent to said chief medical complaint.

61. The system of claim 60 wherein said graphic comprises one or more labels overlaid on said anatomical area, wherein said one or more labels are selectable information elements pertinent to an identified particular medical condition.

62. The system of claim 56 wherein said ordered set of screen presentations comprises:

a plurality of different presentations pertaining to a single respective medical complaint, wherein said different presentations are selected from the list of: history, exam, course, Dx/DI.

63. The system of claim 62 wherein said exam presentations contain listings of pre-presented clinical items representing possible clinical exam findings pertinent to said particular medical complaint.

64. The system of claim 62 wherein said course presentations contain listings of pre-presented clinical items representing possible clinical findings pertinent to said particular medical complaint.

65. The system of claim 64 wherein said possible clinical findings within said course presentations are selected from: x-ray, laboratory, EKG, diagnostic procedure, procedure descriptions, therapeutic interventions, consultations, repeat examinations, admission notes.

66. The system of claim 62 wherein said Dx/DI presentations comprises listings of pre-presented clinical items representing possible, clinical impression findings, prescriptions, work excuse, discharge instructions, follow-up referrals, pertinent to said particular medical complaint.

67. The system of claim 66 further comprising means for generating a patient prescription based upon selections made within said Dx/DI presentation.

68. The system of claim 66 further comprising means for generating discharge instructions based upon selections made within said Dx/DI presentation.



69. The system of claim 66 further comprising means for generating work excuse instructions based upon selections made within said Dx/DI presentation.

70. A method for assisting physicians during evaluation and treatment of patients, said method comprising:

identifying to a computer controlled system a chief medical complaint of a patient;  
said system selecting a template based upon said identified chief medical complaint, said template having multiple screen presentations, a plurality of said template presentations having pre-identified selectable data elements pertaining to said chief medical complaint;

capturing medical history information pertaining to said patient on a first screen presentation of said selected template; and

capturing physical exam information pertaining to said patient on a second screen presentation of said selected template, said second screen presentation being one of said plurality of template presentations having pre-identified selectable data elements pertaining to said chief medical complaint.

71. (Canceled)

72. The method of claim 70 further comprising:

capturing medical information pertaining to a course of treatment of said patient on a third screen presentation of said selected template said third screen presentation being one of said plurality of template presentations having pre-identified selectable data elements pertaining to said chief medical complaint.

73. The method of claim 72 further comprising:

capturing medical information pertaining to the diagnosis and disposition of said patient on a fourth screen presentation of said selected template said fourth screen presentation being one of said plurality of template presentations having pre-identified selectable data elements pertaining to said chief medical complaint.

74. The method of claim 73 further comprising:

selecting one or more said pre-identified selectable data elements by marking said element with a state indicator.

75. The method of claim 73 further comprising:  
adding additional medical information in a space adjacent to one or more of said pre-identified selectable data elements.

76. The method of claim 75 further comprising:  
selecting said additional medical information from a sub-set of pre-identified selectable data elements.

77. The method of claim 70 further comprising:  
said system generating a medical report in a textual prose representation based on information correlated from captured information with respect to said template.

78. A machine controlled method for assisting physicians during evaluation and treatment of patients, said method comprising:  
machine selection of a template based upon identification to said machine of a patient's chief medical complaint, said template having multiple screen presentations, a plurality of said presentations having pre-identified selectable data elements pertaining to said chief medical complaint, wherein positive selections of the pre-identified selectable data elements are configured to be indicated by encircling one or more textual labels of said data elements; and  
capturing by said machine a user's selection of said pre-identified selectable data elements, medical history information pertaining to said patient on a first selected screen presentation of said selected template, said first selected screen comprising a portion having a pre-identified graphic of an anatomical area pertinent to said chief medical complaint.

79. The method of claim 78 wherein said graphic comprises one or more labels overlaid on said anatomical area, wherein said one or more labels are pre-identified selectable data elements.

80. The method of claim 78 further comprising:  
capturing in a computing system, by selecting said pre-identified selectable data elements, medical exam information pertaining to said patient on a second selected screen presentation of said selected template.

81. The method of claim 78 further comprising capturing in a computing system, by selecting said pre-identified selectable data elements, medical course information pertaining to said patient on a third selected screen presentation of said selected template.

82. The method of claim 78 further comprising capturing in a computing system, by selecting said pre-identified selectable data elements, DxDI information pertaining to said patient on a fourth selected screen presentation of said selected template.

83. The method of claim 78 wherein negative selections of the pre-identified selectable data elements are configured to be indicated by striking through one or more textual labels of said data elements.

84. The method of claim 78 further comprising automatically generating a clinical report based upon a correlated compilation of selected ones of said data elements.

85. The method of claim 84 further comprising including in said clinical report, additional data associated with said pre-identified selectable data elements, said additional data selected from a sub-set of pre-identified selectable data elements.

86. A system for capturing medical information, said system comprising:  
a database having pre-programmed screen presentations, a plurality of said presentations having pre-identified selectable data elements pertaining to said chief medical complaint, and  
said system programmed to generate a textual prose representation correlating information corresponding to selections of said pre-identified data elements.

87. The system of claim 86 wherein said pre-identified selectable data elements comprise a graphical state indicator configured to be disposed on said pre-identified selectable data elements.

88. The system of claim 86 wherein said pre-identified selectable data elements comprises an additional data portion configured to be populated by selections from a sub-set of pre-identified selectable data elements.

**APPENDIX B**

No evidence pursuant to §§ 1.130, 1.131, or 1.132 or entered by or relied upon by the examiner is being submitted.

**APPENDIX C**

No related proceedings are referenced in II. above, hence copies of decisions in related proceedings are not provided.